

Benefits Summary

Teachers – Division 01

APPLICATION FOR COVERAGE:

The District provides Teaching Staff with the full range of benefits. However, completed application forms must be submitted to the Human Resources Division before benefits will become effective.

- Employees must reside in Canada or Pt. Roberts, Washington to be eligible for enrollment in these benefit programs.
- Life Insurance is mandatory for all continuing contract employees working half time or more. All other benefits are voluntary and will only be provided upon submission of completed application forms to the Human Resources Division.
- While on an unpaid leave of absence for up to 24 months, benefits may be continued at full cost to the employee.
- If benefits are discontinued for any reason, they may only be reinstated once the employee has returned to work and completed a new application form. In some instances the employee may be required to serve a waiting period before benefits may be reinstated.

ELIGIBILITY FOR BENEFITS:

- Employment in a
- teaching assignment of .5 F.T.E. or more
 - teachers-on-call in long term assignments of .5 F.T.E. or more

Eligible Dependents

- the spouse of the covered member (**please call Human Resources for definition of spouse**)
- unmarried dependent children up to age 21 (up to age 19 for Medical Services Plan)
- unmarried dependent children up to age 25 provided they are in full time attendance at an accredited institution of learning
- a mentally or physically handicapped child may remain covered indefinitely if they are totally reliant upon the employee for support

Coverage Definitions

Single – coverage is for the employee only

Couple – coverage is for 2 persons (ie: employee & spouse, employee and child)

Family – coverage is for 3 or more persons (ie: employee, spouse & children, or employee & 2 or more children)

EFFECTIVE DATE OF COVERAGE

For teachers hired on or before September 1, Medical Services Plan, Extended Health, Dental and Life Insurance coverage are available October 1st. Benefits for late applicants (ie. those applying after September 1), are in effect the beginning of the month following the date of application. Long Term Disability is in effect September 1 or on the first day of assignment. Teachers terminating service June 30th continue to have benefit coverage until September 30th.

NOTE: To ensure coverage **application forms must be completed and returned to the Human Resources Division.**

EXTENDED HEALTH CARE PLAN:

Deductible	\$25 per annum
Lifetime Maximum	1 million dollars per family member

CARRIER	Manulife
POLICY NO.	903710

DENTAL BENEFITS:

Reimbursement:

Plan A (Basic)	100%
Plan B (Major Restorative)	60% (maximum \$5,000 per person per calendar year)
Plan C (Orthodontic)	50% (lifetime maximum \$2,500 per person)

Note: Reimbursement will be made in accordance with the current Province of Residence Dental Fee Guide. Individual dentists may exceed guidelines. You are responsible for any difference.

CARRIER	Manulife
POLICY NO.	903710

MEDIAL SERVICES PLAN:

Standard medical coverage available through the Province of British Columbia.

GROUP NUMBER	4200374
PERSONAL HEALTH NO.	B.C. Care Card

LIFE INSURANCE COVERAGE:

Basic Coverage - Benefit of \$100,000

CARRIER	Manulife
POLICY NO.	961710

OPTIONAL LIFE INSURANCE:

In addition to the mandatory Life Insurance, employees are eligible for additional coverage on themselves and/or their spouses to a maximum of \$200,000 each.

Employee pays 100% of the premium.

CARRIER	Manulife
POLICY NO.	961710

SALARY INDEMNITY PLAN:

PROGRAM SPONSOR	B.C. Teachers Federation
PHONE NUMBER	604 871-2283

PENSION PLAN:

Participation in the Teachers' Pension Plan is **mandatory** for all Continuing Teachers and Teachers-on-Call. *A Guide for Plan Members* is provided to all employees in the District. Questions regarding length of service, retirement, etc. should be made directly to the Pension Corporation.

Phone: 604 660-4088 (Vancouver)
Fax: 1 250 356-8977 (Victoria)
Web: www.pensionsbc.ca
E-Mail: TTP@pensionsbc.ca

EMPLOYEE & FAMILY ASSISTANCE PROGRAM (E.F.A.P.)

This mandatory benefit offers employees and their dependents confidential assistance for any personal problems.

CARRIER	Interlock
PHONE NUMBER	604 431-8200

CLAIMS INQUIRIES – DENTAL OR EXTENDED HEALTH

Manulife has a number you may call if you have general inquiries. If, after calling, you still have questions or concerns, contact the Human Resources Division for assistance.

Manulife
Toll Free: 1 866 507-2727

Be prepared to provide:

POLICY NUMBER	Extended Health – 903710 Dental – 903710
DIVISION NUMBER	Division 01
CERTIFICATE NUMBER	Social Insurance Number of insured

BENEFITS – DETAILS

TEACHERS – DIVISION 01

LIFE INSURANCE:

Upon death from any cause, your beneficiary will receive a lump sum payment of \$100,000.

BENEFICIARY:

Your beneficiary **must** be designated on your enrollment card. Please ensure to use your beneficiary's full, legal name. A declaration appointing a trustee for a beneficiary under the age of 18 years is required.

If you wish to change your beneficiary, contact the Human Resources Division. They will provide you with the appropriate form.

CONVERSION OPTION:

At the time your employment terminates, you have the option of converting, up to the amount of your group life coverage, to an individual policy without the requirement of a medical examination.

Application for conversion should be made to Manulife within 31 days of termination of coverage. Please call the Human Resources Division for the appropriate form.

WAIVER OF PREMIUMS:

Should you become totally disabled for a continuous period of six months you may apply, through the Human Resources Division, for a waiver of your Life Insurance premium.

COST OF PREMIUMS:

Employee portion – 40%
Employer portion – 60%

OPTIONAL GROUP LIFE INSURANCE:

In addition to the mandatory Life Insurance, employees are eligible for additional coverage on themselves and/or their spouses. Coverage is available in units of \$10,000 to a maximum of \$200,000 per person.

ELIGIBILITY:

To apply for this coverage you must be in good health. All applications are reviewed medically and if more information is required, Manulife will contact the employee.

Application forms are sent by request only. Please contact your benefits administrator in the Human Resources Division.

BENEFICIARY:

- your beneficiary **must** be designated on your enrollment card
- only you may be the beneficiary for any insurance on your spouse
- you may change your beneficiary at any time by contacting the Human Resources Division for the appropriate form

COST OF PREMIUMS:

Employee pays 100% of premium.

EXTENDED HEALTH CARE:

The Extended Health Care Plan provides 80% reimbursement for most medical expenses not covered through the B.C. Medical Services Plan.

BENEFITS (per family member):

Drugs: Prescription drugs including oral contraceptives. Non-prescription drugs and supplies required as a result of a colostomy or ileostomy and/or for the treatment of cystic fibrosis or diabetes.

Please note that prescription drugs for sexual dysfunction are NOT covered under this plan. Please contact your benefits administrator for more information.

Hospital:	Charges for private or semi-private room and board in excess of ward accommodations.
Ambulance:	Cost of emergency transportation by licensed ground ambulance to and from local hospitals. Emergency transportation by air ambulance.
Vision Care:	Up to a maximum of \$200 per insured in any 24 consecutive months from date of purchase. Eye examinations are covered – one every 24 months for every adult/every 12 months for each dependent child.
Hearing Aids:	Up to a maximum of \$500 in any 48 consecutive months from date of purchase.
Nursing Care:	Registered Nursing or private duty in home care if medically required. (Please call Human Resources for pre-authorization form)

Paramedical Practitioners:

For each practitioner, payments will be 80% of fees listed below to a maximum of \$225 per person covered per year.

Psychologist:	Up to \$20 per half-hour for the initial assessment with a registered psychologist, and up to \$20 per visit. NOTE: Psychologist's registration number will be required on claim form.
Speech Therapist	Up to \$25 for the initial assessment and up to \$15 per visit
Podiatrist:	Up to \$15 per visit (in addition, payments up to a total of \$100 for the surgical removal of toe nails or the excision of plantar warts).
Chiropractor/ Physiotherapist:	Up to \$20 per visit (in addition, payments up to a total of \$15 for one x-ray per calendar year by a chiropractor)
Osteopath/Naturopath Masseur	Up to \$10 per visit (in addition, payments up to a total of \$15 for one x-ray per calendar year by an osteopath).

Medical Supplies: Blood plasma
 \$25 per calendar year for elastic support stockings.
 Purchases of trusses, braces, crutches, artificial limbs or eyes.
Rental of equipment where more economical in the opinion of the carrier.

Orthotics: Prescription orthotics **only**. The cost of these supports is only covered if a cast mold is made of the foot. The cost is **not** covered if a standard foot support is modified to fit a particular foot or shoe. Limit is one pair every 3 years.

Orthopedic Shoes: Limited to reasonable and customary charges for shoes that form part of a brace. If no brace, limited to 2 pairs per calendar year.

OUT OF PROVINCE/OUT OF COUNTRY EMERGENCIES:

Covers the cost of physicians' services and hospital charges over and above those covered by the B.C. Medical Services Plan.

You may be asked to pay for services at the time they are rendered. Please contact the Human Resources Division for B.C. Medical and Manulife claim forms upon return to B.C.

NOTE: This benefit is covered at 100%. However, hospital charges for emergency treatment are limited to a maximum of 31 days.

Dental Services: Fees for a dentist for repairs to natural teeth when injury is sustained by accidental means and when treatment occurs within 6 months of the accident.

EXCEPTIONS AND LIMITATIONS

No payment will be made for:

- self inflicted injuries or illnesses
- injuries resulting from insurrection, war or participation in a riot
- disabilities covered by Workers' Compensation Board
- physical examinations
- cosmetic surgery or treatment unless required as the result of an accident
- elective treatment outside of Canada
- experimental drugs or those not approved by the Provincial Medical Association

REMBURSEMENT:

Insured is required to pay for services at the time they are rendered. Reimbursement to allowable limits will be made upon submission of original receipts for eligible expenses to Manulife. There is a \$25 deductible per family per calendar year.

- the plan will reimburse 80% of costs on the first \$1000 to claims paid per family (per year), then 100% of eligible claims over \$1000.

REIMBURSEMENT:

- Prescription drugs will be reimbursed at 80% up to the Pharmacare deductible. Once you reach the Pharmacare deductible Pharmacare will pay the 70%, Manulife will reimburse 80% of the remaining 30% (ie. 24%)
- Please provide proof of Pharmacare registration by calling Manulife with your Pharmacare registration number.
- Out of Province/Country care will be reimbursed at 100% to a maximum of 31 days.

The plan lifetime maximum is \$1,000,000 per person.

CLAIMS PROCEDURES:

Claim forms are available on First Class (All Staff / District Departments / Human Resources / Benefits / Admin-Except-Teaching Staff / EHB Claim)

EXTENDED HEALTH

Section 1 complete **ALL** information in this section **every time** you make a claim, including the following:

POLICY NUMBER	903710
ACCT/DIV. NO	01
CERTIFICATE NUMBER	SIN of employee
EMPLOYER	DELTA SCHOOL DISTRICT

Section 2 complete requested information for each person you are making a claim for.

Section 4, 5, 6 our plan does not require any of these sections to be completed

Section 7 include total amount of all receipts being claimed. Sign and date form.

Make a photocopy of your claim including receipts, for your record. Enclose all original receipts with claim forms; place in envelope and mail directly to Manulife. You should receive reimbursement in approximately 3 weeks.

DENTAL

Section 1 complete **ALL** information in this section **every time** you make a claim, including the following:

POLICY NUMBER	903710
ACCT/DIV. NO	01
CERTIFICATE NUMBER	SIN of employee
EMPLOYER	DELTA SCHOOL DISTRICT

Section 2 sign and date form.

Make a photocopy of your claim including receipts, for your record. Enclose all original receipts with claim form; place in envelope and mail directly to Manulife. You should receive reimbursement in approximately 3 weeks.

CO-ORDINATION OF BENEFITS

This is where an employee and their spouse both carry Extended Health and/or Dental benefits through their employers. This allows for reimbursement of expenses by both parties and is referred to as a “co-ordination of benefits”. When making claims through more than one insurer, the following rules apply:

1. The employee claims for him/herself from their own carrier first. Any amount not reimbursed can be claimed from their spouse’s plan second. When submitting your claim to the second insurance company, include a copy of the statement (the one you receive with your cheque payment) from the first insurance company, as well as copies of receipts.
2. The spouse whose birthday falls first in the year claims any **dependent children** on their coverage first. Any amount not reimbursed can be claimed on the other spouse’s coverage second. (If the parents have the same birthdate, priority will be given to the plan of the parent whose first name begins with the earlier letter in the alphabet.)

However, if the child’s parents are **separated or divorced**, priority will be determined in the following order:

- a) The plan of the parent with custody of the child.
- b) The plan of the spouse of the parent with custody of the child.
- c) The plan of the parent not having custody of the child.
- d) The plan of the spouse of the parent not having custody of the child.

If you require further clarification on claims procedures, please contact your benefits administrator in the Human Resources Division.

OUT OF PROVINCE/COUNTRY CLAIMS

- Submit all original receipts to B.C. Medical Services Plan.
Call the Human Resources Division for claim form information.
- MSP will send reimbursement along with invoice and letter advising of eligible expenses.
- Submit copy of the Medical Services Plan letter and original receipts to Manulife through regular claim procedures.

NOTE: Following termination of coverage, to qualify for payment, all extended health benefit claims must be submitted within 90 calendar days to the carrier.

DENTAL PLAN:

Reimbursement will be made according to the current B.C. Dental Fee Guide. Fees in excess of the Fee Guide will be the patient's responsibility.

ELIGIBLE EXPENSES:

Plan A (Basic) 100%

- | | |
|------------------------------|---|
| Diagnostic Services | - oral examinations – once every 6 months
- x-rays (full mouth x-rays every 36 months) |
| Preventative Services | - one unit of scaling & one unit of polishing once every 6 months
- topical fluoride treatment once every 6 months
- provision of space maintainers and habit breaking devices
- includes oral hygiene instruction |
| Surgical Services | - procedures necessary for extractions and other basic surgical procedures normally performed by a dentist |
| Endodontics | - including root canal therapy |

DENTAL ELIGIBLE EXPENSES:

- | | |
|---------------------|---|
| Periodontics | - treatment of diseases of the gums & other supporting tissue of the teeth, including: <ol style="list-style-type: none">1) scaling in excess of one unit, and root planing, up to a combined maximum of 16 units per calendar year2) Provisional splinting, and3) Occlusal equilibration, up to a maximum of 8 units per calendar year |
|---------------------|---|

- Restorative Services**
- amalgam and porcelain fillings (**recommended to have porcelain fillings pre-approved**)
 - stainless steel crowns
 - gold inlays and onlays only when three or more surfaces are to be restored
 - gold foil only when used to repair gold restoratives

- Prosthetic* Repairs**
- Procedures required to repair or reline fixed or removable appliances

* Replacement only after 12 months of coverage and provided dentures are minimum 3 years old.

Plan B 60% (to a maximum of \$5,000 per person per year)

- Major Restorative**
- Crowns and bridges (**recommended that ALL crown work be pre-approved**)

- Treatment**
- Partial or complete dentures

Plan C 50% (to a lifetime maximum of \$2,500 per person)

- Orthodontics**
- Braces and related orthodontic treatment

TREATMENT PLANS:

A treatment plan must be filed for all orthodontic services and is **recommended for all Basic and Major treatment which is likely to exceed \$500.**

CLAIMS PROCEDURES:

Dentist bills plan directly

- The insured signs the form at the time of visit, the dentist submits directly to Manulife

OR

Dentist bills patient who in turn is reimbursed by the plan

- The dentist completes the form and patient submits directly to Manulife

Information Required:

POLICY NUMBER	903710
ACCT/DIV. NO	01
CERTIFICATE NUMBER	SIN OF INSURED

COST OF PREMIUMS:

Employer pays 100% of premium

NOTE: To qualify for payment, all dental claims must be submitted with 90 days following termination of coverage to the carrier.

PROVINCIAL MEDICAL PLAN:

The Medical Services Plan of British Columbia (MSP) provides a comprehensive program of basic medical care and services to you and your eligible dependents. Every person covered by the plan is issued a CARE card. The personal health number on that card will be their number for life. New cards are issued only upon expiration, for a change of name, or for loss of card.

ELIGIBILITY:

You **must** have been a permanent resident of British Columbia for at least 3 months to qualify for coverage under this plan.

Coverage may be continued for a maximum of **3 months** if you move or are travelling outside British Columbia.

Coverage may be continued for up to **1 year** if you are outside British Columbia on an approved Leave of Absence from your employer.

BENEFITS:

- Hospital Expenses:**
- lab fees, x-ray services
 - use of operating rooms, drugs while in a hospital
 - out-patient services

- Doctor's Bills:**
- hospitals, home or office visits up to the approved fee schedule limits
 - surgical procedures and anaesthesia
 - diagnostic tests including lab & blood tests
 - specialists' fees/paramedical fees up to approved fee schedule limit

Prescription Drugs:

- 80% of prescription drug expenses in excess of annual Pharmacare deductible
- employees who are also enrolled in the Extended Health Plan are eligible to claim 80% of drug expenses up to the annual Pharmacare deductible from Manulife (please see Extended Health section of this handbook)

EXCEPTIONS AND LIMITATIONS:

Health services provided outside Canada often cost more than the amount paid by the Ministry of Health. Sometimes the difference is substantial; for example, the amount paid for hospital charges outside Canada will not exceed \$75 a day, in Canadian funds.

Elective treatment outside the province will not be covered.

If you leave British Columbia specifically to obtain medical or hospital care, it is necessary for the British Columbia attending physician to write the Medical Services Plan before you leave the province, to receive prior approval for payment of insured services.

NOTE: Employees who are participating in the Extended Health Plan are eligible for reimbursement for difference to 100% of claims in excess of the provincial limit.

CLAIMS PROCEDURES:

If you need to make a claim, contact the Human Resources Division for a claim form. The completed form should be sent directly to MSP with:

- an itemized account including the dates and complete details of services performed
- the doctor's unpaid bill, or,
- the original receipt, if the doctor's bill has been paid

GROUP NUMBER	4200374
PERSONAL HEALTH NO.	B.C. Care Card No.

Claims must be submitted to the Medical Services Plan before they are sent to an Extended Health Benefits Plan or private insurance company. After the Plan has settled its portion of the claim you can apply to the private insurer for additional payments.

LOST CARE CARDS:

Contact Human Resources Division for an application form for replacement card(s). The B.C. Medical Services Plan may charge a fee for a new card.

COST OF PREMIUMS: Employee - 40%
Employer - 60%

SALARY INDEMNITY PLAN:

This plan, which is administered by the B.C.T.F., provides benefits to members disabled from employment as a result of illness or accident.

ELIGIBILITY:

All active members of the Federation employed by a school board or local association on a regular full-time or part-time assignment **must** participate in this plan.

EFFECTIVE DATE OF COVERAGE:

Eligible members are covered on their first working day.

SHORT TERM PLAN

Qualifying Period:

A member shall be eligible for benefits on the first working day following the termination of sick leave.

Benefits:

A daily or monthly payment based on the member’s gross annual salary plus the Teachers’ Pension Fund contribution will be submitted on behalf of the member. At the present time payment is based on 50% of salary.

Duration of Benefits:

The maximum number of working days for which benefits shall be paid in respect to any one claim is 120.

Benefits are not paid during summer months.

NOTE: Pension contributions **do not** continue under this plan.

LONG TERM PLAN

Qualifying Period:

A member becomes eligible for benefits immediately following the termination of sick leave and Salary Indemnity Short-term benefits.

Benefits:

Benefits shall be 65% of the first \$25,000.00 of gross annual salary plus 50% of the next \$40,000.00 and 40% of the balance.

Payment will be reduced by any income received from Canada Pension Plan disability allowance or Workers' Compensation Board claim related to the current disability.

Benefits are paid in 12 equal payments.

Duration of Benefits:

Up to 12 months if the physical or mental disability prevents member from performing his or her normal duties or, indefinitely if member is unable to perform the duties of **any** gainful employment.

Benefits cease at age 65 or when the member becomes eligible for an unreduced pension, ie. age plus years of contributory service equals "90".

Cost of Premiums:

Member pays a percentage of gross earnings. Total cost is born by employees. Therefore, benefit is non-taxable.

NOTE: Pension contributions **are not** continued during this period.

EMPLOYEE & FAMILY ASSISTANCE PROGRAM (E.F.A.P.):

This mandatory benefit offers employees and their dependents confidential assistance for any personal problems.

SERVICES PROVIDED:

The Delta Teachers' Association and the Delta School Board have contracted with INTERLOCK, a non-profit employee assistance society, to provide assistance dealing with:

- emotional problems
- marriage and family concerns
- alcohol and drug dependence
- stress related problems
- financial and legal difficulties

VOLUNTARY PROGRAM:

This means that if you or your dependents feel the need for support, you would contact INTERLOCK where qualified professionals will ensure you get:

- short term counselling
- referral to a community resource (at employee's expense) if on-going support is required
- follow-up

When you contact INTERLOCK, an appointment can be scheduled with a counsellor within a few hours or days depending on your need.

CONFIDENTIALITY:

Confidentiality is ensured. Names of employees requesting assistance are not released.

COST OF PREMIUMS:

Employer and employee each pay 50%.

CONTACT:

INTERLOCK
Lower Mainland / Fraser Valley
(604) 431-8200 or 1-800-663-9099
www.interlock-eap.com